FIGHTING DISEASES AROUND THE WORLD

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, yesterday 1,100 people in India died from tuberculosis. Last month in sub-Saharan Africa, 225,000 people died from AIDS. Last year, more than 1 million people died from malaria around the world.

The White House understands that AIDS, in tandem with tuberculosis, is literally the most devastating epidemic the world has seen since the bubonic plague of the 14th century. These diseases have killed millions. They have their sights set on millions more.

The President laid out the problem well: nearly 30 million people have the AIDS virus in Africa; yet only 50,000 of them are receiving the medicine they need. The great Black Plague of Europe killed 25 million people in the mid-1300s. Last year, there were an estimated 42 million people living with HIV–AIDS around the world. There is little question that HIV, unless we take unprecedented, dramatic action to both prevent further spread and treat all those who require treatment with antiretrovirals and other medicines, will take a much greater social, political and economic toll than even the black plague.

For the first time, the United States is devoting the necessary funding and joining the global fight against these three killers. The President has committed the funding, $10 billion in new money, to stem the growing tide of this epidemic; but we are not quite there.

The limited number of targeted countries under the President's initiative and the small contribution to the global fund to fight AIDS, TB and malaria, $1 billion of the $10 billion, has stifled the applause that followed the President's announcement about how this administration would fight AIDS.

The President is aiming at only 14 countries, 12 in sub-Saharan Africa where the devastation is greatest, and two in our hemisphere, Haiti and Guyana. The White House plan excludes Mexico, Bangladesh, Pakistan, China, India, Russia and Brazil where half the world's people live. It excludes 15 of the 22 high-burden TB countries which account for 80 percent of the world's TB population. If the administration is committed to addressing AIDS, it must also be committed to TB, the biggest killer of people with AIDS. We cannot fight one without fighting the other.

Dr. Richard Feachem, executive director of the Global Fund, told me last week that a go-it-alone bilateral plan simply will not work. While economist and AIDS expert Jeffrey Sachs acknowledges the significance of the President's plan, he questioned the decision to limit support for the Global Fund. "What has not worked is each individual donor planting a separate

flag," and trying to solve the problem alone, he said.

The Global Fund is a public-private partnership begun last year by U.N. General Secretary Kofi Annan, which draws contributions from governments, private corporations, faith-based organizations and foundations. The Global Fund already shows signs that it works. Government entities, in coordination with nongovernment organizations, submit 5-year plans. Each plan is unique to each country, not a one-size-fits-all design which traditional foreign aid programs have too often been.

The Global Fund recognizes cultural differences. What works in Christian Uruguay might not work in Moslem Bangladesh. No overriding, international political agenda is attached to the Global Fund's assistance. No litmus tests, only a judgment by the fund in collaboration with local citizens and health workers of what works best in each country.

The Global Fund demands quantifiable results. The money supports activities, including access to health care services and purchase of drugs. If a country or an NGO fails to show results within 2 years, the money is cut off. Although 60 percent of the Global Fund's money goes to HIV–AIDS, 20 percent goes to TB and another 20 percent roughly to fight malaria. Fighting these diseases together is a cost-effective approach. For example, the infrastructure created in the treatment of TB has been proven to help in the treatment of AIDS, malaria and other diseases. To cure TB, a patient takes medication every day for about 6 months given to him by a health care worker at a clinic or by a health care worker who has traveled to his home. Unlike a smallpox vaccine, regular interaction between health care workers and patients is necessary to cure TB.

If we fully commit to the Global Fund, that means a minimum of $500 million per year, 2 million patients will be treated for TB over the next 5 years, most of them for less than $100. Our investment in the Global Fund, rather than a unilateral U.S.-waged effort, will help leverage support from other countries.

Funneling U.S. dollars through U.S. programs alone will not do much to promote a united global front against this global killer. In a very short time, the Global Fund has shown it is capable of tremendous progress. In the first two rounds of grants, the fund has approved 160 proposals in 85 low-income countries.

With significant U.S. funding, the fund will continue to support countries committed to addressing the epidemics killing their people. Without U.S. leadership, it will be a fund in name only and AIDS, TB, and malaria will remain a virtual death sentence in the developing world.

CONGRATULATING UNIVERSITY OF FLORIDA

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Mr. Speaker, I come to the floor to congratulate the University of Florida on its 150th year in operation and of course to wish them continued success. It is a great privilege to represent such a fine university. I am proud to say that the University of Florida ranks fourth in the Nation among public universities and 10th among all universities in the number of freshman National Merit Scholars in attendance.

Not only do I have the privilege of representing the university, but also the city in which the university was formed, which also happens to be very close to my hometown. In 1853, the University of Florida began as East Florida Seminary in Ocala, Florida. It was created in response to a State decision which allowed public funds to be used to support higher education. It later combined with Florida Agriculture College, St. Petersburg Normal and Industrial School, and South Florida Military College to become the University of the State of Florida, one of four State universities.

Having been formed before the Civil War, the University of Florida has been a profound player in both Florida and American history. In fact, in World War I, the university served as a base for 400 soldiers. These student soldiers were displaced to local boarding houses as sentries to guard the gates and dormitories on campus.

In the mid-1920s, the State of Florida and the university suffered financial difficulties, along with the rest of the country. The Mediterranean fruit fly crippled the State's citrus production, and the deadliest hurricane to ever hit Florida destroyed what was left of the State's economy. Then a year later, the Great Depression began for the collapse of the stock market. State funds for expansion were virtually nonexistent for nearly 20 years thereafter.

In the Second World War, more than 10,000 UF alumni served this country. William Corry and Hubert Schucht, former student body presidents, were among those killed.

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The University of Florida has a rich State and national history and it thrives today as one of the premier State universities in the United States. University of Florida students are among the most active in this Nation. With a 46,500-plus student enrollment and 2,000-acre campus, the campus is a lively and stimulating environment for all of its students.

Students at the university lead a rich social and academic life, which is evidenced by the fact that in a single year there are more than 600 student organizations operating on campus and more